
1998 Behavioral Risk Factor Surveillance System HIV/AIDS Section and Sexual Behavior Module



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According to the Centers for Disease Control (CDC), more than 730,000 AIDS cases had been reported in the US through the end of 1999. At least 430,000 of these people with AIDS have died. In 1999, Texas ranked fourth highest in the US, with 2,865 AIDS cases reported. Although no complete count of new HIV infections in the US is available, it is estimated that 35,000 to 40,000 new infections occur each year. While AIDS case rates and deaths have been falling in recent years, reports from states with HIV surveillance systems indicate that the incidence of HIV infections has remained fairly stable.¹ Texas had 2,873 cases of HIV reported in 1999 – the first year of its named adult HIV surveillance system.

The rate of reported AIDS cases in 1999 among African Americans in Texas (46.4 per 100,000 population) was more than four times higher than the rate for Whites (9.9/100,000) or Hispanics (11.5/100,000). HIV data further demonstrates the movement of the epidemic into minority communities as the rate of reported HIV cases in 1999 among African Americans in Texas (59.5 per 100,000 population) was more than six times higher than the rate for Whites (8.5/100,000) or Hispanics (8.9/100,000). For HIV infections, the *Men Who Have Sex with Men* (MSM) mode of exposure category constituted 45% cases among Texas men. Injecting drug use (IDU) was the most likely route of transmission for 17% of men and another 12% reported both MSM and IDU activity. Heterosexual transmission was reported for 8% of men. Among women, heterosexual exposure accounted for 45% of HIV reports and injecting drug use was designated as the mode of exposure for 24%. Mode of exposure was unclassified in 17% of cases among men and 29% among women.

The decrease in AIDS cases and deaths has generally been attributed to the use of highly active antiretroviral therapy to slow the

progression of HIV to AIDS. Although AIDS cases in the US are still declining, officials warn that antiretroviral agents may not be able to continue suppression of HIV for extended periods of time. Also, as the news of the success of the antiretroviral medications has spread, there has been evidence to suggest that risky behaviors may be resuming, particularly among young gay men, because of a loss of concern over contracting and transmitting the virus to others.²

Outreach to and testing of high risk populations is extremely important at this point in the epidemic. For antiretroviral therapies to be most effective, treatment should begin early while HIV-positive individuals are still asymptomatic. The public health response must be adaptable to changes in the epidemic. For example, as the number of HIV/AIDS infections attributed to heterosexual exposure increases, the definition of risk behavior must be expanded and outreach must target those engaged in risky heterosexual behaviors. Also, research has shown that HIV transmission is enhanced when other sexually transmitted diseases (STDs), such as syphilis, gonorrhea or chlamydia, are present, thus STD risks, prevention and treatment take on heightened significance. All of these factors highlight the importance of monitoring risk behaviors, educating the public on their danger, and testing those at risk for HIV and STDs so they may access appropriate treatment as early as possible.

BRFSS

Data presented in this report are from the 1998 Behavioral Risk Factor Surveillance System (BRFSS), a telephone survey funded by the CDC and directed by the Texas Department of Health Bureau for Disease, Injury and Tobacco Prevention. This report focuses on the results of two sections included in the 1998 BRFSS. The HIV/AIDS

section was asked of all respondents aged 18 to 64 and consisted of 13 questions on such topics as education for youth, risk perception, and HIV testing. The Sexual Behavior Module was an optional section included in about half of the Texas BRFSS surveys. This section was asked only of respondents aged 18 to 49 and included ten questions on such topics as sexual practices, risk behaviors, condom use, and STD treatment. The core questions of the 1998 BRFSS were completed by 6,005 Texans, 5,119 of which were eligible for the HIV/AIDS section. A sub-sample of 2,646 respondents received the Sexual Behavior Module, 1,705 of which met the age requirement.

Methods

The 1998 BRFSS used a truncated list assisted design for random digit dialing. Each month, randomly selected adult Texas residents were asked questions about their health habits. The sampling frame was comprised of non-institutionalized Texans aged 18 or older who lived in private residencies with a telephone. Survey recipients responded voluntarily to the BRFSS and no identifying personal information was collected. Telephone interviewing was conducted by Clearwater Research, Inc. using computerized telephone interviewing technology. Statistical analyses were performed using SPSS and SUDAAN. Data were weighted to reflect the age, sex, and racial/ethnic distribution in Texas as well as the probability of being drawn into the sample. Weighting ensures that each respondent effectively

represents a specific number of Texas residents within their given socio-demographic group, which in turn allows the results of this survey to be extrapolated to the general population of Texas.

It should be noted that most of the results discussed in this report are proportions with a significance of $p < .05$. In addition, sex, age, race/ethnicity, education, income level, and marital status were controlled for through the use of logistic regression and odds ratios (OR) are indicated parenthetically when necessary. If significant proportional differences were confirmed through logistic regression they are included in the text. However, if the difference was not identified until the logistic regression model was applied, odds ratios are stated as evidence of the statistical significance.

HIV/AIDS Section Results

AIDS Education for Youth - When asked what grade HIV/AIDS education should begin for a child in school, 73% of respondents felt it should begin at or below the 6th grade level and 26% felt that it should begin by 3rd grade. Only 2% believed that HIV/AIDS education should never occur (Figure 1). More women (77%) than men (68%) believed that HIV/AIDS education should begin by 6th grade. Respondents in the 25 to 44 and 45 to 64 year-old age groups had higher odds of endorsing HIV/AIDS education by 6th grade compared to those aged 18 to 24 (OR=1.59 and 1.50 respectively, $p < .05$). Also those with a marital status of *Unmarried Couple* had more than twice the odds of responding positively to HIV/AIDS education by the 6th grade (OR=2.65, $p < .05$) compared to married respondents. No significant differences were found across racial/ethnic groups, income or education levels.

When asked if they would encourage their sexually active teenager to use a condom, 88% said “yes”, 2% said “no” and 7% said they would offer some other advice. More women than men answered “yes” to this question (90% vs. 86%). A smaller percentage of older survey participants said they would encourage condom use. Of those aged 45 to 64, 82% responded positively compared to 90 percent among those aged 25 to 44 and 92% among those 18 to 24. Married respondents had lower odds of encouraging condom use to teens compared to

Figure 1. At what grade should HIV/AIDS education begin?

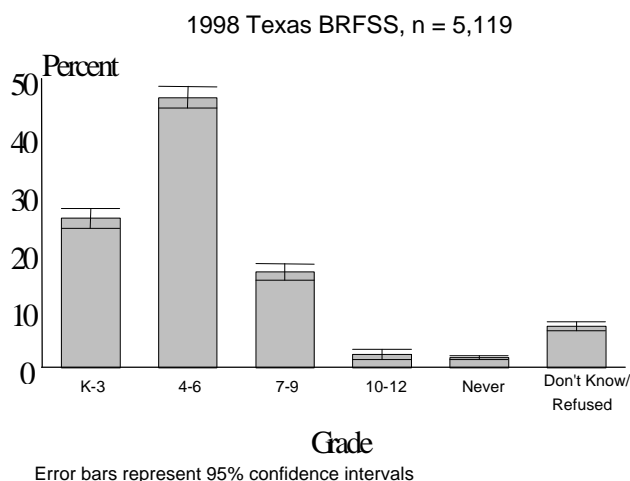
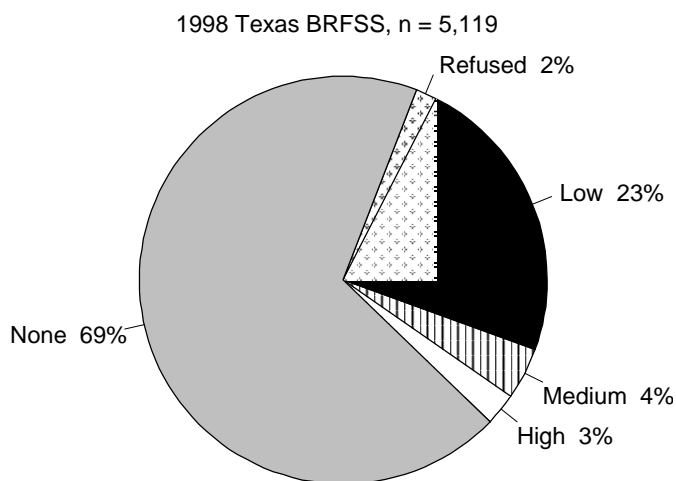


Figure 2. Perceived risk of getting infected with HIV

the other marital status categories: *Divorced/Separated/Widowed* (OR=1.61), *Never Married* (OR=1.75), and *Unmarried Couple* (OR=7.19, $p<.001$). No differences were seen across race/ethnicity, income or educational groups.

HIV Risk Perception - When asked their perceived chances of getting infected with HIV only 3% of survey respondents felt that they were at high risk. The majority of respondents felt they were at no risk for contracting HIV (69%) and another 23% felt their chances were low (Figure 2). More women (73%) than men (64%) felt they were at no risk for HIV infection. There were also higher odds that those in the 45 to 64 age group would say they had no risk of HIV compared to the 18 to 24 age group (OR=1.5, $p<.001$). As education level increased, HIV risk perception increased. Those with less than a high school diploma had higher odds of reporting no HIV risk compared to those with a high school diploma (OR=.73) or those with a college degree (OR=.63, $p<.05$). Married respondents had the highest proportion reporting no HIV risk (77%) compared to other marital status categories: *Divorced/Separated/Widowed* (60%), *Never Married* (49%), and *Unmarried Couple* (56%). There were no differences seen in perceived HIV risk across racial/ethnic and income groups.

HIV Testing - Respondents were asked about blood donations to see if they may have received an HIV test indirectly. Twenty-nine percent of those in the survey had donated blood since 1985 and 9% had given blood in the past year. Looking at those who

had given blood at any time since 1985, more men were blood donors with 34% versus 25% among women. White respondents also had a higher percentage of donors at 36% compared to 23% among African Americans and 21% among Hispanics. Those respondents aged 45 to 64 had the lowest odds of donating blood (OR=.58, $p<.001$) compared to those in the 18 to 24 age group. Finally, as both education and income level increased, so did the percentage who reported giving blood since 1985: *<High School Diploma* (10%), *High School Diploma/Some College* (31%), *College Graduate* (46%); and *<\$15,000/year* (16%), *\$15-35,000/year* (24%), *>\$35,000/year* (39%). No significant differences were found within marital status.

Aside from blood donations, respondents were also asked if they have ever been tested for HIV and, if so, if they have been tested in the past 12 months. Forty-five percent of respondents had ever been tested for HIV and 17% had been tested in the past year. Men and women had similar proportions for ever HIV testing. The racial/ethnic group with the highest proportion ever tested for HIV was African Americans at 59% compared to Whites at 45% and Hispanics at 42%. Adults aged 25 to 44 had the highest percentage ever tested at 54% followed by those age 18 to 24 (43%) and those 45 to 64 (32%). Also respondents in the *Unmarried Couple* and *Divorced/Separated/Widowed* marital categories had higher odds of ever being tested compared to those that were married (OR=1.79 and 1.35 respectively, $p<.001$). No differences were seen among education and income levels.

Those that had tested for HIV in the past year ($n=877$) were then asked if they received the results of their last test. Overall, 85% of those testing for HIV in the past year did receive their results. The only significant difference seen among demographic breakdowns was that those with a marital status of *Never Married* (93%) received their results more often than those that were married (81%).

Respondents that did receive the results of their last test ($n=729$) were also asked if they received counseling when they received those results. Only 30% reported talking to a health care professional about their test results. Respondents aged 45 to 64 had higher odds of discussing HIV results than

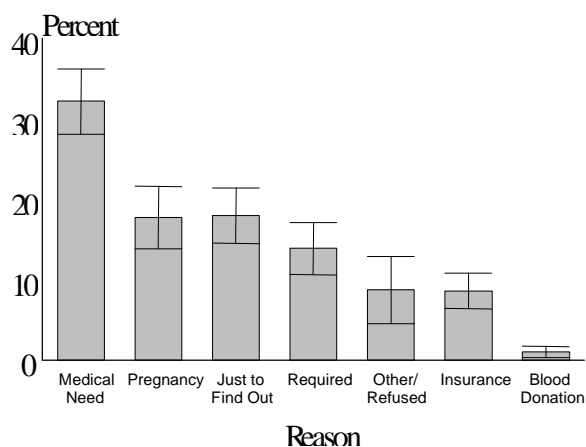
those that were aged 18 to 24 ($OR=3.46$, $p<.005$) and those in the higher income bracket ($> \$35,000/\text{year}$) discussed their results less often than those in the $< \$15,000/\text{year}$ group ($OR=.39$, $p<.05$). No other significant differences were identified.

Respondents that had been tested for HIV in the past 12 months ($n=877$) were asked to identify the main reason that they sought their most recent HIV test. The most frequently cited category was *Medical Need* (32%) which included such reasons as hospitalization, surgery, occupational exposure, routine check-up, and doctor referral. This was followed by *Pregnancy* and *Just to Find Out* categories (18% each); *Required* as a condition for employment, the military, immigration, or a marriage license (14%); and *Insurance* and *Other/Refused* (9% each) (Figure 3). Men in the sample cited the *Required* category (25%) much more frequently than did women (5%). Older respondents in the 45 to 64 age group cited medical reasons (56%) about twice as often as those in either the 18 to 14 (23%) or 25 to 44 (28%) age groups.

Survey participants who had an HIV test in the past year also were asked where they received their most recent test. The most common reported location was at a private doctor or HMO with 32% of responses. The next tier of responses included those that received their test at some type of public health clinic (22%) and the hospital (20%). Several other categories accounted for smaller proportions of responses: *Military* (9%), *Other/Unknown/Refused* (7%), *Employer/Insurance Clinic* (5%), and

Figure 3. Reason for getting last HIV test

1998 Texas BRFSS, $n = 877^*$

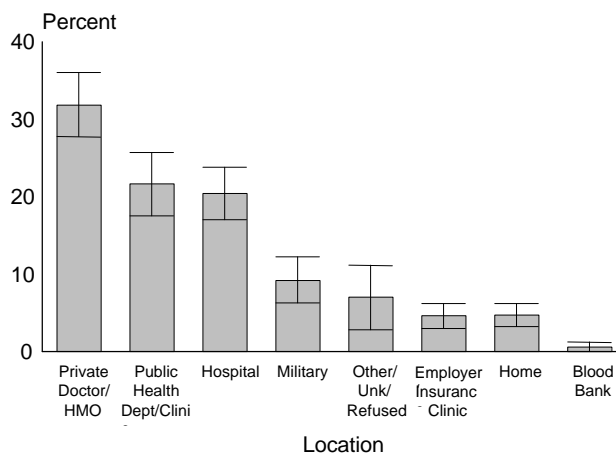


Error bars represent 95% confidence intervals

* Respondents tested for HIV in the past year

Figure 4. Location of last HIV test

1998 Texas BRFSS, $n = 877^*$



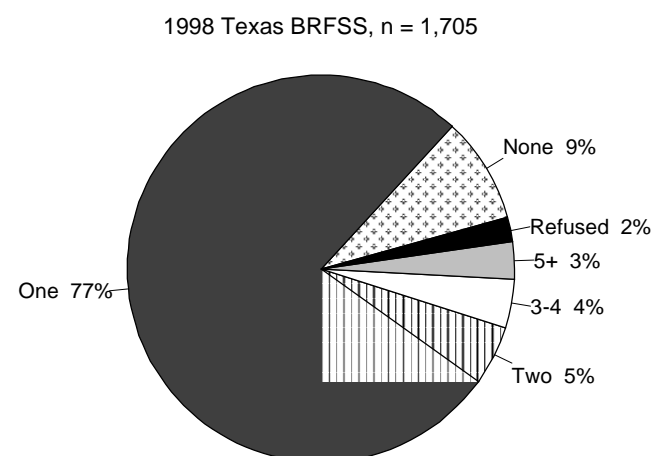
Error bars represent 95% confidence intervals

* Respondents tested for HIV in the past year

Home (5%) (Figure 4). Women reported more HIV tests in the *Private Doctor/HMO* (36%) and *Public Health Clinic* (26%) categories than men (27% and 17% respectively). Across racial/ethnic groups, Hispanics reported much more testing in public clinics (39%) than either African Americans (14%) or Whites (15%). Whites had slightly a slightly higher percentage in the *Private Doctor/HMO* category and African Americans reported more testing in the military than other racial/ethnic groups. As the age of respondents increased the use of public health clinics for testing decreased (18 to 24 - 36%, 25 to 44 - 19%, 45 to 64 - 12%) and hospital testing decreased (18 to 24 - 12%, 25 to 44 - 25%, 45 to 64 - 31%).

Sexual Behavior Module Results

Sexual Partners - The first question of the Sexual Behavior Module asked respondents the number of sexual partners that they had had in the past year. Only those participants with at least one partner in the past year received the remainder of the module. Seventy-seven percent of respondents reported only one partner, 5% reported two partners, 4% reported 3 to 4 partners, 3% reported 5 or more, and 9% had no sexual contacts in the previous year (Figure 5). More women (84%) than men (71%) reported only one sexual partner in the past year while men had slightly higher representation in the 3 to 4 (7%) and 5 or more (5%) partner categories than women (2% and <1% respectively). Younger respondents in the

Figure 5. Number of sexual partners in the past year

18 to 24 age group reported less monogamy (57%) than either the 25 to 34 (82%) or 35 to 49 (83%) age group and a larger percentage with no sexual partners in the last year (17% vs. 4% and 8% respectively). As one would expect, 96% of married respondents reported only one partner in the last year compared to 80% among those in the *Unmarried Couple* category; 54% among those divorced, separated, or widowed; and 44% of those *Never Married*. Respondents in the three unmarried categories had higher percentages with multiple partners in the past year. The *Divorced/Separated/Widowed* marital status along with those *Never Married* had the highest proportion of abstinence in the past year at 22% and 23% respectively.

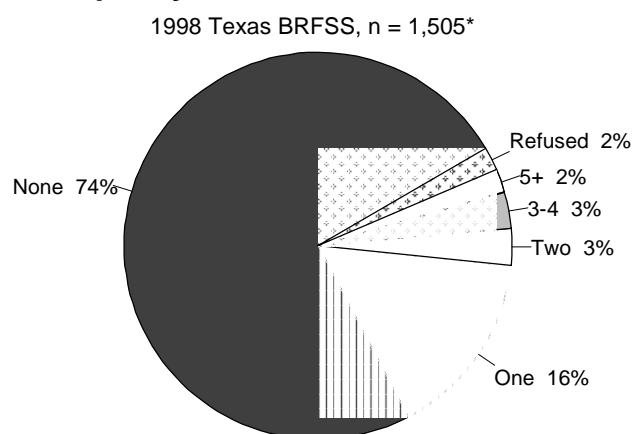
Respondents with at least one partner were also asked how many of those partners were new contacts within the past year (n=1,505). The majority of respondents reported no new partners (75%), while 16% had only one new partner, and small percentages had two or more (Figure 6). The youngest age group (18 to 24) had the highest percentage with one or more new partners at 48% compared to 21% of those aged 25 to 34 and 16% of those 35 to 49. Respondents with a marital status of *Divorced/Separated/Widowed* (44%) and *Never Married* (60%) had much higher proportions with at least one new partner in the past year than those who were either married (10%) or a member of an unmarried couple (16%).

Condom Use - Those that reported at least one sexual partner in the past year, were then asked if they had used a condom the last time they had

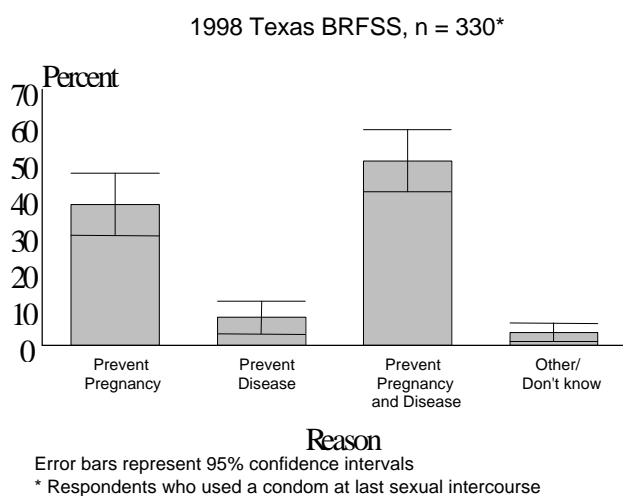
sexual intercourse. Only 26% of respondents reported using a condom at last intercourse. No significant differences were seen in condom use between men and women or across racial/ethnic, education, and income groups. However, respondents in the 35 to 49 age group reported less condom use (14%) than those in the 18 to 24 age group (48%). Also a much higher percentage of those *Never Married* (62%) or *Divorced/Separated/Widowed* (37%) reported using a condom at last intercourse than those who were married (13%).

If they had used a condom at last sexual intercourse (n=330), respondents were then asked why they chose to use a condom in that instance and given the choice of four responses: to prevent pregnancy, to prevent disease, for both reasons, or for some other reason. Thirty-eight percent of respondents cited pregnancy prevention as their reason for using a condom, another 8% used a condom for the prevention of disease, and 50% indicated both reasons (Figure 7). Because of small cell sizes, further demographic breakdown for this question was not conducted.

When asked how effective a properly used condom is at preventing HIV transmission, respondents were largely confident in the protection offered by condoms. Over 88% of those who answered the question felt that condoms were at least somewhat effective in preventing HIV infection. Only 6% felt that condoms were not effective protection at all (Figure 8.) This general belief in the effectiveness of condoms is also apparent when responses are broken down by

Figure 6. Number of new sexual partners in the past year

* Respondents with at least one sex partner in the past year

Figure 7. Reason condom was used at last sexual intercourse

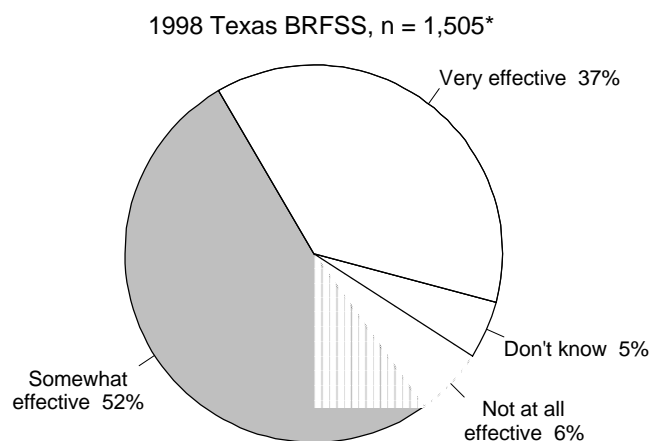
demographic categories. At least 80% of all sex, race/ethnicity, age, education, income, and marital status groups felt that condoms were at least somewhat effective protection against HIV. The only significant differences among responses was that those in the oldest age group (35 to 49) had slightly lower belief in the effectiveness of condoms compared to younger respondents as did married respondents compared to other marital status categories. Also those with at least a college degree had slightly higher confidence in the protection offered by condoms than those with less than a high school diploma or those who graduated from high school but did not finish college.

STDs - Respondents were also asked two STD related questions. Only 4% percent of respondents reported that they had been treated for an STD in the past five years. The only difference seen across demographic categories was lower odds that respondents in the \$15-35,000/year income group had been treated for an STD (OR=.22, $p<.01$) compared to those with an income less than \$15,000/year. Those that had been treated for an STD were also asked if they were treated at a health department STD clinic – 37% had been. Although the population for this question included only 53 respondents it is interesting to note that 73% of those treated in the public setting were women.

HIV Risk Behavior - Respondents were also asked if any of several specific HIV risk situations applied to them. The list of risk situations included using

intravenous drugs in the past year, engaging in anal sex without a condom in the past year, being treated for an STD in the past year, and testing positive for HIV. Only 5% of those taking part in the survey admitted to any of the listed risk activities. The only difference seen across any of the demographic breakdowns for this question was a higher percentage of Hispanics (10%) reporting involvement in HIV risk behavior compared to Whites (3%) and African Americans (3%).

Respondents were then asked if they had changed their sexual behavior at all in the past 12 months due to what they know about HIV. Overall, very few respondents reported making recent changes to their sexual practices (17%). Among racial/ethnic groups, African Americans had a high proportion reporting changes (39%) compared to Hispanics (23%) and Whites (11%). Respondents in the youngest age group (18 to 24) reported the greatest number with modified sexual practices at 37% followed by those aged 25 to 34 at 17% and those aged 35 to 49 at 10%. Different income levels had a similar trend with those in the lowest group (<\$15,000/year) showing the highest percentage with sexual behavior changes (38%), followed by those in the \$15-35,000/year group (24%), and the >\$35,000/year group reporting the least change (6%). Finally, as one would expect, those that were married showed the lowest proportion making recent changes (7%), while those in the *Never Married* and *Divorced/Separated/Widowed* statuses were much higher (41% and 36%, respectively). There were no differences seen

Figure 8. Perceived effectiveness of condoms for prevention of HIV

* Respondents with at least one sex partner in the past year

between men and women or among education levels.

Those that did indicate altering their sexual practices due to the risk of HIV (n=214) were asked three follow-up questions probing specific changes they may have made. The first question asked if they had decreased their number of sexual partners or become abstinent – 60% of respondents who received this question reported decreasing sexual partners. The second question asked if respondents only had sexual intercourse with the same partner – 76% reported becoming monogamous. Finally, 49% of respondents reported that they now always use condoms for protection. Due to small cell sizes further breakdown of these questions was not appropriate.

Discussion

Most participants in this survey perceived themselves as having no risk whatsoever of becoming infected with HIV. This is somewhat dangerous. While the risk for the Texas adult general population as a whole may be relatively low, it is far from non-existent. More highly educated members of the Texas general population seemed to have risk perceptions that were more in line with reality.

Although 69% said they had no HIV risk, 45% of the respondents said they have been tested for HIV at some time since 1985. On the face of it, one might wonder why so many had been tested if they truly perceived no risk of becoming infected with HIV. However, when you look more closely at why they were tested, it seems that many of those who perceived no risk may have been tested as a part of routine medical care associated with checkups, pregnancy, surgery, or insurance rather than seeking testing strictly by their own volition. Because very few people actually have zero risk, this routine testing of the general public may play a beneficial role in making people aware of their HIV status.

It is noteworthy that African Americans have the highest rate of HIV testing. Given that 1999 HIV infection rates calculated from data reported to the Texas Department of Health demonstrate that the intensity of the disease was much greater in African American communities than in other Texas sub-populations (up to six times higher), their relatively high HIV testing rate (59%) is, on the

surface at least, re-assuring. It could be interpreted as an indication that African Americans have noted the fact that HIV is making inordinate inroads into the health of their communities and that they are responding accordingly by being tested. However, African American respondents did not perceive themselves to be at risk for becoming infected with HIV any more than Whites or Hispanics. Nor did they lead in saying that they obtained their HIV test at a Public Health Clinic; these clinics are probably more likely to test for HIV than are private sector medical providers, but many more Hispanics (39%), obtained their HIV tests in this setting compared to Whites (15%) or African Americans (14%).

This survey of the general public of Texas suggests that nearly 2,800,000 adults aged 18 to 49 have had more than one sexual partner in the last year. In general, the chances of getting HIV or other STDs like gonorrhea, syphilis, or chlamydia rise in tandem with the number of sexual partners a person has. Nor is this the complete story. The survey asked sexual behavior questions only of people aged 18 to 49, however, it would be a serious mistake to think that younger teenagers (under age 18) and older people (age 50 and above) do not have sex. They do and they too may have more than one sexual partner in a year. Thus, 2,800,000 is a very conservative estimate of the number of Texas residents who had more than one sex partner in the past year.

Despite the fact that most Texas residents believed that using condoms to avoid infection is effective, among sexually active Texas residents (those with at least one sexual partner in the past year), condom use at last intercourse was relatively low. This is in accord with their general perception that HIV risk is low or non-existent. Those most likely to be at increased risk, young people and unmarried people, used condoms more often. Nonetheless, the majority of both of these increased-risk groups did not use a condom the last time they had sex, so further education about the risk of contracting HIV or other STDs through unprotected sex is needed.

In addition, 4% of respondents reported they had an STD in the past five years. Estimating from this proportion applied to Texas population estimates for 1998, over 382,000 Texas residents aged 18 to 49 would have had an STD in the five

years prior to their participation in the survey. More would be added to this number when STD cases among younger teens and people age 50 or over were counted. From 1993 through 1997, around 308,000 cases of STDs among Texas residents aged 18 to 49 were reported to the TDH, relatively close to the estimated number from the survey results. People participating in surveys are thought to underreport socially undesirable behaviors; the similarity in the estimated and actual numbers may indicate that this particular bias was not a factor in the 1998 BRFSS, at least when it came to admitting having been diagnosed with an STD.

Five percent of the survey respondents acknowledged indications that they had engaged in

particularly risky behavior in the past year. Estimating again from these percentages, over 477,000 18 to 49 year-old Texas residents either injected drugs, had anal sex without using a condom, or were diagnosed with HIV or an STD in the 12 months immediately prior to participating in the survey. Moreover, most respondents said they had done nothing in the last year to change their sexual practices in response to what they know about HIV. When the 477,000 people in this limited age high-risk group are added with younger adolescents and people older than 49 who are engaging in risky behavior, the total number clearly calls for continued efforts to reach the general population of Texas with messages motivating them to protect themselves from HIV and other STDs.

Table 1. Demographic characteristics of 1998 BRFSS respondents

Sex	HIV/AIDS Section		Sexual Behavior Module		Age*	HIV/AIDS Section		Sexual Behavior Module		
	Frequency	%	Frequency	%		Frequency	%	Frequency %		
								Age*		
Male	2,156	42.1	748	43.9	18-24	620	12.1	18-24	261	15.3
Female	2,963	57.9	957	56.1	25-44	2,693	52.6	25-34	532	31.2
Total	5,119	100.0	1,705	100.0	45-64	1,791	35.0	35-49	904	53.0
Race/Ethnicity					Total	5,119	100.0	Total	1,705	100.0
White	3,130	61.1	978	57.4	Income					
Af. American	475	9.3	177	10.4	< \$15,000/year	597	11.7	192 11.3		
Hispanic	1,351	26.4	490	28.7	\$15 - 35,000/year	1,811	35.4	650 38.1		
Other	150	2.9	53	3.1	> \$35,000/year	2,289	44.7	740 43.4		
Total	5,119	100.0	1,705	100.0	Refused	422	8.2	123 7.2		
Marital Status					Total	5,119	100.0	1,705 100.0		
Married	2,909	56.8	951	55.8	Education					
Divorced/Separated/ Widowed	1,117	21.8	309	18.1	Less than High School Diploma	846	16.5	271 15.9		
Unmarried Couple	144	2.8	55	3.2	High School Diploma	2,770	54.1	934 54.8		
Never Married	942	18.4	386	22.6	College Degree	1,503	29.4	500 29.3		
Total	5,119	100.0	1,705	100.0	Total	5,119	100.0	1,705 100.0		

* Age group breakdowns for the HIV/AIDS Section and the Sexual Behavior Module are different.

Table 2. Percentage of positive responses to 1998 BRFSS HIV/AIDS Section items

(Percent is followed 95% confidence interval in parentheses. Sample size (n) = 5,119 unless otherwise indicated.)

	Male	Female	White	African Am.	Hispanic	18 to 24	25 to 44	45 to 64
AIDS education for child should begin by 6th grade	68.3 (65.6-71.0)	76.8 (74.8-78.8)	73.7 (71.7-75.7)	77.7 (72.0-83.4)	69.6 (66.2-73.0)	70.7 (65.0-76.4)	74.2 (72.0-76.4)	70.8 (68.2-73.4)
Would encourage sexually active teen to use a condom	86.1 (83.8-88.3)	89.7 (88.5-90.9)	87.8 (86.3-89.3)	91.6 (88.7-94.5)	87.6 (84.7-90.5)	91.7 (86.6-96.8)	90.2 (89.0-91.4)	82.3 (79.9-84.7)
No perceived HIV risk	64.1 (61.4-66.9)	72.9 (70.9-74.9)	69.8 (67.9-71.8)	66.4 (60.1-72.7)	67.1 (63.7-70.5)	68.5 (66.7-70.2)	56.9 (51.6-62.3)	66.9 (64.5-69.3)
Donated blood since 1985	34.2 (31.6-36.9)	24.7 (22.7-26.8)	35.6 (33.5-37.8)	23.0 (17.3-28.7)	20.5 (17.7-23.2)	27.7 (23.1-32.3)	31.8 (29.5-34.1)	26.3 (23.7-28.9)
Donated blood in past year	10.8 (9.2-12.4)	7.9 (6.7-9.2)	11.6 (10.3-13.0)	7.6 (2.8-12.4)	6.3 (4.9-7.8)	12.2 (8.7-15.8)	9.3 (8.0-10.6)	8.2 (6.7-9.6)
Ever Tested for HIV	43.1 (40.3-45.9)	46.7 (44.2-49.1)	45.0 (42.8-47.2)	59.4 (53.0-65.7)	41.9 (38.3-45.4)	42.6 (37.2-48.0)	53.8 (51.3-56.3)	32.2 (29.6-34.8)
Tested for HIV in past year	14.9 (13.1-16.8)	18.6 (16.4-20.8)	15.2 (13.6-16.7)	34.1 (26.2-42.1)	15.6 (13.0-18.2)	23.2 (18.3-28.1)	19.3 (17.2-21.4)	9.7 (8.1-11.3)
Received results of last HIV test (n=877)*	83.9 (79.3-88.5)	85.6 (82.0-89.1)	85.3 (81.5-89.0)	89.5 (84.0-95.0)	81.3 (75.2-87.4)	88.5 (82.6-94.4)	86.3 (82.8-89.8)	75.8 (68.4-83.1)
Counseled after receiving HIV test results (n=729)**	30.3 (23.9-36.7)	29.2 (23.5-34.9)	27.7 (22.6-32.8)	27.2 (15.0-39.4)	32.5 (23.9-41.1)	24.7 (15.7-33.7)	28.2 (22.8-33.6)	42.2 (32.8-51.6)

* Respondents tested for HIV in the past year.

** Respondents who received the results of their last HIV test.

Table 3. Percentage of positive responses to 1998 BRFSS Sexual Behavior Module items

(Percent is followed 95% confidence interval in parentheses. Sample size (n) = 1,505 unless otherwise indicated.)

	Male	Female	White	African Am.	Hispanic	18 to 24	25 to 34	35 to 49
Condom was used at last intercourse	27.3 (21.8-32.8)	25.3 (20.1-30.4)	24.9 (20.0-29.8)	36.7 (23.1-50.4)	25.3 (18.8-31.9)	47.9 (37.0-58.7)	30.7 (24.1-37.3)	14.4 (10.5-18.3)
Condoms are effective protection from HIV	86.0 (81.6-90.4)	90.9 (88.1-93.7)	90.5 (87.5-93.4)	88.7 (80.9-96.4)	86.3 (81.0-91.7)	94.4 (89.9-98.9)	90.3 (85.7-94.9)	84.7 (80.7-88.8)
Treated for an STD in the past five years	5.1 (1.8-8.4)	2.6 (0.7-4.5)	3.1 (0.8-5.5)	6.7 (-2.2-15.7)	4.5 (1.2-7.8)	5.9 (0.7-11.1)	5.5 (1.5-9.4)	1.8 (-0.1-3.8)
Treated for the STD at a public health clinic (n=53)*	17.9 (-3.6-39.4)	72.7 (50.4-95.0)	30.6 (1.0-60.2)	11.0 (-8.3-30.3)	53.2 (16.4-90.0)	36.3 (-2.2-74.8)	22.9 (-4.1-49.9)	67.2 (29.6-104.8)
Engaged in an HIV risk activity	4.7 (1.7-7.7)	5.8 (2.9-8.7)	2.9 (1.1-4.7)	2.8 (-0.2-5.7)	9.8 (4.7-14.8)	9.0 (2.0-16.0)	4.9 (2.1-7.7)	4.1 (1.3-6.9)
Changed sexual behavior in the past year	18.7 (13.5-24.0)	16.1 (11.7-20.6)	10.8 (7.1-14.4)	39.0 (24.8-53.2)	22.5 (16.0-29.0)	37.3 (26.6-48.1)	16.5 (10.8-22.1)	9.9 (6.4-13.4)
Changed to fewer partners or abstinence (n=214)**	65.6 (49.3-81.9)	53.2 (37.6-68.8)	55.6 (36.8-74.4)	50.9 (25.0-76.8)	66.7 (50.0-83.4)	60.0 (40.7-79.3)	57.4 (37.7-77.1)	61.6 (42.4-80.8)
Changed to only one sexual partner (n=214)**	72.2 (57.4-87.0)	80.8 (70.1-91.5)	78.1 (64.0-92.2)	69.3 (45.1-93.5)	77.9 (63.9-91.9)	76.9 (59.8-94.0)	80.5 (66.9-94.1)	71.4 (54.3-88.5)
Changed to always using condoms (n=214)**	58.3 (43.0-73.6)	38.2 (23.0-53.4)	41.6 (23.1-60.1)	59.7 (34.9-84.5)	48.8 (32.1-65.5)	50.7 (31.6-69.8)	57.4 (39.0-75.8)	34.8 (16.4-53.2)

* Respondents treated for an STD in the past five years.

** Respondents who changed their sexual behavior in the past year.

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2. CDC. Gonorrhea Among Men Who Have Sex with Men -- Selected Sexually Transmitted Diseases Clinics, 1993-1996. Morbidity and Mortality Weekly Report. 1997;46.

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